

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of:

Case Number: **08 C 1222**

Delcine Thompson v. Illinois Department of Corrections

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
Defendant Illinois Department of Corrections

NAME (Type or print) Mary M. Madden	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) /s/ Mary M. Madden	
FIRM Office of the Attorney General, State of Illinois	
STREET ADDRESS 100 West Randolph Street, 13th Floor	
CITY/STATE/ZIP Chicago, Illinois 60601	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6256322	TELEPHONE NUMBER (312) 814-7201
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS <div style="display: flex; justify-content: space-around;"> RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/> </div>	